

Maine Department of Labor  
 Bureau of Unemployment Compensation  
 47 State House Station  
 Augusta, Maine 04333-0047

# EFT-1

## Authorization Agreement for Electronic Funds Transfers

See back for instructions. Please print or type. Complete in blue or black ink only.  
**All Automated Clearing House (ACH) Credit applicants must complete this form.**

**Provide company name and mailing address.**

Company Name:
Address Line 1:
Address Line 2:
City, State, Zip:

### Electronic Funds Transfer (EFT) Contact

Name:		Phone No.:	
Company Name/Service Provider:		Email:	
Address (number and street):	City:	State:	Zip:

### ACH CREDIT

Payment-related information must be sent in the standard National Automated Clearing House Association (NACHA) CCD + TXP format. Confirm with your bank representative that you and your bank can initiate ACH Credit transactions. We will mail instructions and formats to the EFT Contact person after we have received a completed authorization agreement and verified account status.

### Bank Information

Bank Name:	Bank Routing No.:
Bank Address (Street, City, State, Zip):	

I certify that the information contained on this application is true, correct and complete to the best of my knowledge and belief. This application must be signed by an owner, director, partner, officer or responsible party.

**TAXPAYER SIGNATURE**

**TITLE**

**DATE**

## EFT-1 INSTRUCTIONS

**EFT Contact Person:** Enter the name of the primary contact person. The primary contact person should be the individual responsible for the initiation of the EFT payment.

**Company Name or Service Provider:** Enter the name of the company responsible for initiating the electronic payments.

**Address:** Enter the mailing address to be used for EFT correspondence.

**Telephone Number and Email Address:** Enter the telephone number and email address for the EFT contact person.

**Bank Name:** Enter the name of the bank you will use for EFT.

**Bank Routing Number:** Enter the routing number of the bank you will use for EFT.

**Bank Address:** Enter the address of the bank branch you will use.

**Taxpayer Signature:** An owner, partner, or corporate officer must sign form EFT-1.

### *ACH Credit*

In coordination with your bank, you must send ACH Credit transactions in the standard NACHA CCD + TXP format. Confirm with your bank representative that your bank is able to initiate ACH Credit transactions. Maine Department of Labor (MDOL) will provide the EFT contact person with additional instructions after MDOL receives and verifies the completed form EFT-1.

### *Payroll Companies and Third-Party Administrators*

Companies may submit a completed form EFT-1 for each taxpayer, or they may submit one form EFT-1 that includes the EFT contact person, bank information, and attach a separate list with the name, Maine Employer Account Number, and Federal Employer Identification Number of each taxpayer.

#### **COMPLETE THIS FORM AND MAIL TO**

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The Maine Department of Labor provides equal opportunity in employment and programs. Auxiliary aids and services are available to people with disabilities upon request. Veterans and eligible spouses are given priority of service for the receipt of employment, training and placement services provided under most Maine Department of Labor-funded programs.

For questions and comments about EFT, email  
**division.uctax@maine.gov** or call **207-621-5120**.

**MAINE**  
**DEPARTMENT OF**  
**LABOR**